

CJA 20. APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./DIV. CODE CAN		2. PERSON REPRESENTED SANCHEZ, ALFREDO		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 4-07-70318-WDE		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) UNITED STATES v. SANCHEZ, ET AL.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appointed <input type="checkbox"/> Other...	
				10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (20 or less) major offenses charged, according to severity of offense 21:841(B)(1)(A)(VIII)					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS JAMES GILLER 405 FOURTEENTH ST., STE 1008 OAKLAND, CA 94612 Telephone Number 510-451-6686			13. COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Sub for Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> F Sub for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> I certify the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, that attorney whose name appears in item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ (Mag. Judge Initials) _____ Signature Of Presiding Judicial Officer or By Order Of the Court _____ Date Of Order _____ Name For Title Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (See Instructions)					
FILED JUN 28 2007 RICHARD W. WIEK CLERK, U.S. DISTRICT COURT					
OF AND FOR SERVICE AND EXPENSES					
FOR COURT USE ONLY					
15. In Court		16. Out Of Court			
CATEGORIES (attached itemization of services with dates) a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify On Additional Sheets) (RATE PER HOUR =) TOTALS:		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR =) TOTALS:					
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/TAXE FOR PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature Of Attorney _____ Date _____					
REVIEWED FOR APPROVAL - COMPENSATION					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		27. TOT. AMT. APPR./CERT.	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) (Signature approved in excess of the statutory threshold amount)		DATE		33. TOTAL AMT. APPROVED	
				34. JUDGE CODE	